



**DEPARTMENT  
OF  
HEALTH PROFESSIONS**  
6606 W. BROAD ST  
RICHMOND, VA 23230

# FUNERAL ESTABLISHMENT INSPECTION REPORT CREMATORY

Rev: 1005

		Date	Time	Inspection Hours	Mileage
Name of Crematory		Registration No. 0510		Expiration Date	
Street Address		City		State	Zip
Name of Funeral Establishment (If Applicable)		License No. (If Applicable) 0501		Expiration Date	
Street Address		City		State	Zip
<input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Other (Describe)					

Section No Regulation No.	AREA/QUESTION		
		YES	NO
	<b>How are bodies received for cremation?</b>		
	General public		
	Funeral Service Establishment		
	Surface Transportation		
	Other		
54.1-2818.1	Permission of medical examiner obtained prior to cremation?		
	Visual identification ob next-of-kin or representative OR 24 hour waiting period between time of death and cremation?		
	Is the crematory registration posted?		
	Is the crematory operational?		
	Date of last cremation		

COMMENTS:

This facility has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions have been deemed by the inspector as not being in compliance and have been explained to me and that I have received a copy of the inspection report.

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant / Title of Applicant

\_\_\_\_\_  
Date